Sentinel
Credit Information
Services, Inc.

03-9169430-3

23 May 2019

MS. TERESITA V. SOLIMAN
Branch Head
SSS Pioneer Pasig City Branch

Dear Ms. Soliman:

We are writing to you about our SSS Contributions delinquency amounting to **Php 7,435,740.00** as specified in the attached Summary of Monthly SSS Contribution. This SSS Contributions delinquency the applicable month period from **November' 2017 to September' 2018**. Recently we have come into financial hardship. We are agreeable in paying this in good faith.

We propose to make the payments in installment basis with in 3 years.

Thank you for your understanding and taking the time to consider this proposal. We look forward to keeping an open line of communication until the SSS Contributions delinquency is settled in full.

Sincerely yours,

DENNIS M. BALTAZAR
President

Rm. 201 Emerald Bldg. Emerald Ave. Ortigas Center Pasig City
Tel. No. 304-7600 Fax No. 636-2715
E-mail address: a.magdaraog@sentinelcredit.com

ER NAME : SENTINEL CREDIT INFORMATION

ER NO. : 03-9169430-3

Interest Rate : 6% per annum

Total Contribution Delinquency *(T)* :	₱	7,435,740.00
Downpayment *(D)* :	₱	371,787.00
Principal $(B_n) = (T-D)$:	₱	7,063,953.00
Term in Months *(n)* :		36
Monthly Factor (R_n) :		0.0304219375
Monthly Amortization $(M) = (B \times R_n)$:	₱	214,899.14

Month *(n)*	Monthly Amortization *(M)*	Payment on Interest $(I_n) = (B_{n-1}) \times 0.005$	Payment on Principal $(P_n) = (M) - (I_n)$	Principal Balance $(B_n) = (B_{n-1}) - (P_n)$	OR Number / Date
0				₱ 7,063,953.00	
1	214,899.14	35,319.77	179,579.37	6,884,373.63	
2	214,899.14	34,421.87	180,477.27	6,703,896.36	
3	214,899.14	33,519.48	181,379.65	6,522,516.70	
4	214,899.14	32,612.58	182,286.55	6,340,230.15	
5	214,899.14	31,701.15	183,197.99	6,157,032.17	
6	214,899.14	30,785.16	184,113.98	5,972,918.19	
7	214,899.14	29,864.59	185,034.55	5,787,883.64	
8	214,899.14	28,939.42	185,959.72	5,601,923.93	
9	214,899.14	28,009.62	186,889.52	5,415,034.41	
10	214,899.14	27,075.17	187,823.96	5,227,210.44	
11	214,899.14	26,136.05	188,763.08	5,038,447.36	
12	214,899.14	25,192.24	189,706.90	4,848,740.46	
13	214,899.14	24,243.70	190,655.43	4,658,085.03	
14	214,899.14	23,290.43	191,608.71	4,466,476.31	
15	214,899.14	22,332.38	192,566.76	4,273,909.56	
16	214,899.14	21,369.55	193,529.59	4,080,379.97	
17	214,899.14	20,401.90	194,497.24	3,885,882.73	
18	214,899.14	19,429.41	195,469.72	3,690,413.01	
19	214,899.14	18,452.07	196,447.07	3,493,965.94	
20	214,899.14	17,469.83	197,429.31	3,296,536.63	
21	214,899.14	16,482.68	198,416.45	3,098,120.18	
22	214,899.14	15,490.60	199,408.54	2,898,711.64	
23	214,899.14	14,493.56	200,405.58	2,698,306.06	
24	214,899.14	13,491.53	201,407.61	2,496,898.46	
25	214,899.14	12,484.49	202,414.64	2,294,483.81	
26	214,899.14	11,472.42	203,426.72	2,091,057.10	
27	214,899.14	10,455.29	204,443.85	1,886,613.24	
28	214,899.14	9,433.07	205,466.07	1,681,147.17	
29	214,899.14	8,405.74	206,493.40	1,474,653.77	
30	214,899.14	7,373.27	207,525.87	1,267,127.91	
31	214,899.14	6,335.64	208,563.50	1,058,564.41	
32	214,899.14	5,292.82	209,606.31	848,958.09	
33	214,899.14	4,244.79	210,654.35	638,303.75	
34	214,899.14	3,191.52	211,707.62	426,596.13	
35	214,899.14	2,132.98	212,766.16	213,829.97	
36	214,899.14	1,069.15	213,829.99	0.01	

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CONTRIBUTIONS PAYMENT FORM

CON-01181 (05-2014)

(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK INK ONLY**.

000 - PASIG-PIONEER
ER#: 03-9169430-3
NAME: SENTINEL CREDIT INFORMATION
AMOUNT: 214,166.79
PAY DATE: 12/17/2019 04:51:10 PM
TRANS REF#: C03051900460428
APPLICABLE DATE: 01/2018 TO 01/2018
CASHIER: MARY JOY SEDARTA SAPLADA OTC

PAYOR's COPY
R-5

CHECK

TO BE FILLED OUT BY EMPLOYER

☑ Business ☐ Household

EMPLOYER NUMBER: 03-9169430-3

EMPLOYER NAME: SENTINEL CREDIT INFORMATION SERVICE, INC.

TO BE FILLED OUT BY INDIVIDUAL PAYOR

☐ Self-Employed ☐ Non-Working Spouse
☐ Voluntary ☐ Farmer/Fisherman
☐ OFW (Foreign Address - City, Country _____)

SS NUMBER (10 DIGITS)

COMMON REFERENCE NUMBER (IF ANY, 12 DIGITS)

NAME

TO BE FILLED OUT BY EMPLOYER AND INDIVIDUAL PAYOR

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY)

RM. 201 EMERALD BLDG. EMERALD AVE. ORTIGAS CENTER BRGY. SAN ANTONIO

(CITY/MUNICIPALITY) (PROVINCE)

PASIG CITY

ZIP CODE: 1605

TAX IDENTIFICATION NUMBER (IF ANY): 221-555-584-000

TELEPHONE NUMBER (AREA CODE+TEL. NO.): 304-7600

MOBILE/CELLPHONE NUMBER

E-MAIL ADDRESS

WEBSITE (FOR BUSINESS EMPLOYER)

PAYMENT DETAILS

APPLICABLE PERIOD MONTH	YEAR	SS CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER & INDIVIDUAL PAYOR)	EC CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER ONLY)	TOTAL (TO BE FILLED OUT BY EMPLOYER ONLY)
January	2018	₱ 181,665.35	₱	₱ 181,665.35
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
ADD Penalty		₱	₱	₱ 32,501.44
ADD Underpayment				
SUB-TOTAL		₱	₱	₱
TOTAL AMOUNT OF PAYMENT				₱ 214,166.79

FORM OF PAYMENT
☐ Cash
☐ Postal Money Order
☑ Check
Check Number: 227785
Check Date: DEC. 17, 2019
Bank & Branch Name: EMERALD AVE.
TOTAL AMOUNT PAID ₱

AMOUNT PAID IN FIGURES ₱

TOTAL AMOUNT PAID IN WORDS
TWO HUNDRED FOURTEEN THOUSAND ONE HUNDRED SIXTY SIX 79/100 ONLY.

PAID BY
ALICIA B. MAGDARAOG
PRINTED NAME

SIGNATURE

DECLARATION OF EARNINGS OF INDIVIDUAL PAYOR

I hereby declare, for purposes of Sec. 19-A of the Social Security Law the amount of _____ (₱ _____) as my monthly earnings, which shall be the basis of my monthly salary credit to be effective until revised in my next declaration.
I affirm under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief, is true and correct.

PRINTED NAME OF MEMBER

SIGNATURE OF MEMBER

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CONTRIBUTIONS PAYMENT FORM
CON-01181 (05-2014)
(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK INK ONLY**.

[illegible] PASIG-PIONEER
ER#: 03-9169430-3 **PAYOR's COPY**
NAME: SENTINEL CREDIT INFORMATION
AMOUNT: 214,166.79 CHECK
PAY DATE: 11/18/2019 01:16:46 PM
TRANS REF#: C030417036200 64
APPLICABLE DATE: 12/2017 TO 12/2017
CASHIER: JOYCEL GAVILENO PENTOJO OTC

TO BE FILLED OUT BY EMPLOYER

☑ Business ☐ Household

EMPLOYER NUMBER: 03-9169430-3

EMPLOYER NAME: SENTINEL CREDIT INFORMATION SERVICE, INC.

TO BE FILLED OUT BY INDIVIDUAL PAYOR

☐ Self-Employed ☐ Non-Working Spouse
☐ Voluntary ☐ Farmer/Fisherman
☐ OFW (Foreign Address - City, Country _____)

SS NUMBER (10 DIGITS)

COMMON REFERENCE NUMBER (IF ANY, 12 DIGITS)

NAME

TO BE FILLED OUT BY EMPLOYER AND INDIVIDUAL PAYOR

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY)
RM. 201 EMERALD BLDG. EMERALD AVE. ORTIGAS CENTER BRGY. SAN ANTONIO

(CITY/MUNICIPALITY) (PROVINCE)
PASIG CITY

ZIP CODE: 1605

TAX IDENTIFICATION NUMBER (IF ANY): 221-555-584-000

TELEPHONE NUMBER (AREA CODE+TEL. NO.): 304-7600

MOBILE/CELLPHONE NUMBER

E-MAIL ADDRESS

WEBSITE (FOR BUSINESS EMPLOYER)

PAYMENT DETAILS

APPLICABLE PERIOD MONTH	YEAR	SS CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER & INDIVIDUAL PAYOR)	EC CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER ONLY)	TOTAL (TO BE FILLED OUT BY EMPLOYER ONLY)
January		₱	₱	₱
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December	2017	180,761.54		180,761.54
ADD Penalty		₱	₱	₱ 33,405.25
ADD Underpayment				
SUB-TOTAL		₱	₱	₱ 214,166.79
TOTAL AMOUNT OF PAYMENT				₱ 214,166.79

FORM OF PAYMENT
☐ Cash
☐ Postal Money Order
☑ Check
Check Number: 227784
Check Date: NOV. 17, 2019
Bank & Branch Name: EMERALD AVE.
TOTAL AMOUNT PAID

AMOUNT PAID IN FIGURES
₱

TOTAL AMOUNT PAID IN WORDS
TWO HUNDRED FOURTEEN THOUSAND ONE HUNDRED SIXTY SIX 79/100 ONLY.

PAID BY
ALICIA B. MAGDARAOG
PRINTED NAME
SIGNATURE

DECLARATION OF EARNINGS OF INDIVIDUAL PAYOR

I hereby declare, for purposes of Sec. 19-A of the Social Security Law the amount of _____ (₱ _____) as my monthly earnings, which shall be the basis of my monthly salary credit to be effective until revised in my next declaration.
I affirm under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief, is true and correct.

PRINTED NAME OF MEMBER
SIGNATURE OF MEMBER

SSS - PASIG - PIONEER
ER#: 03-9169430-3
AME: SENTINEL CREDIT INFORMA
AMOUNT: 359,806.00
AY DATE: 02/20/2019 10:44:00 AM
TRANS REF#: C03041703620091
APPLICABLE DATE: 10/2017 TO 10/2017
CASHIER: JOYCEL GAVILENO PENTOJO OTC

R-5

PAYOR's COPY

CHECK

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CONTRIBUTIONS PAYMENT FORM
CON-01181 (05-2014)
(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

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TO BE FILLED OUT BY EMPLOYER

☑ Business ☐ Household

EMPLOYER NUMBER: 03-9169430-3

EMPLOYER NAME: SENTINEL CREDIT INFORMATION SERVICE, INC.

TO BE FILLED OUT BY INDIVIDUAL PAYOR

☐ Self-Employed ☐ Non-Working Spouse
☐ Voluntary ☐ Farmer/Fisherman
☐ OFW (Foreign Address - City, Country _____

SS NUMBER (10 DIGITS):

COMMON REFERENCE NUMBER (IF ANY, 12 DIGITS):

NAME:

TO BE FILLED OUT BY EMPLOYER AND INDIVIDUAL PAYOR

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY)
RM. 201 EMERALD BLDG. EMERALD AVE. ORTIGAS CENTER BRGY. SAN ANTONIO

(CITY/MUNICIPALITY) (PROVINCE) ZIP CODE: 1605
PASIG CITY

TAX IDENTIFICATION NUMBER (IF ANY): 221-555-584-000

TELEPHONE NUMBER (AREA CODE+TEL. NO.): 304-7600

MOBILE/CELLPHONE NUMBER:

E-MAIL ADDRESS:

WEBSITE (FOR BUSINESS EMPLOYER):

PAYMENT DETAILS

APPLICABLE PERIOD MONTH	YEAR	SS CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER & INDIVIDUAL PAYOR)	EC CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER ONLY)	TOTAL (TO BE FILLED OUT BY EMPLOYER ONLY)
January		₱	₱	₱
February				
March				
April				
May				
June				
July				
August				
September				
October	2017	222,750	2,150	224,900
November				
December				
ADD Penalty		₱	₱	₱ 134,906
ADD Underpayment				
SUB-TOTAL		₱	₱	₱
TOTAL AMOUNT OF PAYMENT				₱ 359,806

FORM OF PAYMENT
☐ Cash
☐ Postal Money Order
☑ Check
Check Number: 126242
Check Date: Feb 15, 2019
Bank & Branch Name: EMERALD AVE
TOTAL AMOUNT PAID

AMOUNT PAID IN FIGURES: ₱

TOTAL AMOUNT PAID IN WORDS: Three Hundred Fifty Nine Thousand Eight Hundred Six Only.

PAID BY

ALICIA B. MAGDARAOG
PRINTED NAME

SIGNATURE

DECLARATION OF EARNINGS OF INDIVIDUAL PAYOR

I hereby declare, for purposes of Sec. 19-A of the Social Security Law the amount of _____ (₱ _____) as my monthly earnings, which shall be the basis of my monthly salary credit to be effective until revised in my next declaration. I affirm under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief, is true and correct.

PRINTED NAME OF MEMBER

SIGNATURE OF MEMBER

SSS - PASIG - PIONEER
ER#: 03-9169430-3
NAME: SENTINEL CREDIT INFORMATION
AMOUNT: 255,638.00
PAY DATE: 01/15/2019 02:11:50 PM
TRANS REF#: CO30517035107
APPLICABLE DATE: 09/2017 TO 09/2017
CASHIER: MA. CAROLYN GATMAITAN PAZ OIC

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CONTRIBUTIONS PAYMENT FORM
CON-01181 (08-2014)
(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

PAYOR's COPY

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

TO BE FILLED OUT BY EMPLOYER

☑ Business ☐ Household

EMPLOYER NUMBER: 03-9169430-3

EMPLOYER NAME: SENTINEL CREDIT INFORMATION SERVICE, INC.

TO BE FILLED OUT BY INDIVIDUAL PAYOR

☐ Self-Employed ☐ Non-Working Spouse
☐ Voluntary ☐ Farmer/Fisherman
☐ OFW (Foreign Address - City, Country _____)

SS NUMBER (10 DIGITS):
COMMON REFERENCE NUMBER (IF ANY, 12 DIGITS):
NAME:

TO BE FILLED OUT BY EMPLOYER AND INDIVIDUAL PAYOR

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY): RM. 201 EMERALD BLDG. EMERALD AVE. ORTIGAS CENTER BRGY. SAN ANTONIO

(CITY/MUNICIPALITY) (PROVINCE): PASIG CITY

ZIP CODE: 1605

TAX IDENTIFICATION NUMBER (IF ANY): 221-555-584-000

TELEPHONE NUMBER (AREA CODE+TEL. NO.): 304-7600

MOBILE/CELLPHONE NUMBER:

E-MAIL ADDRESS:

WEBSITE (FOR BUSINESS EMPLOYER):

PAYMENT DETAILS

APPLICABLE PERIOD MONTH	YEAR	SS CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER & INDIVIDUAL PAYOR)	EC CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER ONLY)	TOTAL (TO BE FILLED OUT BY EMPLOYER ONLY)
January		₱	₱	₱
February				
March				
April				
May				
June				
July				
August				
September	2017	151,680	1,380	153,060
October				
November				
December				
ADD Penalty		₱	₱	₱ 102,578
ADD Underpayment				
SUB-TOTAL		₱	₱	₱
TOTAL AMOUNT OF PAYMENT				₱ 255,638

SOCIAL SECURITY SYSTEM
PASIG PIONEER BRANCH
APR 11 2019
MEMBER SERVICES SECTION
SAN D. CRUZ Time: _____

FORM OF PAYMENT
☐ Cash
☐ Postal Money Order
☑ Check
Check Number: 126241
Check Date: JAN 15, 2019
Bank & Branch Name: EMERALD AVE.
TOTAL AMOUNT PAID ₱

AMOUNT PAID IN FIGURES ₱

TOTAL AMOUNT PAID IN WORDS: Two Hundred Fifty Five Thousand Six Hundred Thirty Eight Only.

PAID BY
ALICIA B. MAGDARAOG
PRINTED NAME
SIGNATURE

DECLARATION OF EARNINGS OF INDIVIDUAL PAYOR

I hereby declare, for purposes of Sec. 19-A of the Social Security Law the amount of (₱ _____) as my monthly earnings, which shall be the basis of my monthly salary credit to be effective until revised in my next declaration.
I affirm under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief, is true and correct.

PRINTED NAME OF MEMBER
SIGNATURE OF MEMBER

SSS - PASIG - PIONEER
ER#: 03-9169430-3 R-5
NAME: SENTINEL CREDIT INFORMA
AMOUNT: 301,868.00
PAY DATE: 12/17/2018 10:51:24 AM
TRANS REF#: C030417036200S0
APPLICABLE DATE: 09/2017 TO 09/2017
CASHIER: JOYCEL GAVILENO PENTOJO OTC

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CONTRIBUTIONS PAYMENT FORM
CON-01181 (05-2014)
(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

PAYOR's COPY

CHECK

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

TO BE FILLED OUT BY EMPLOYER

☑ Business ☐ Household

EMPLOYER NUMBER: 03-9169430-3

EMPLOYER NAME: SENTINEL CREDIT INFORMATION SERVICE, INC.

TO BE FILLED OUT BY INDIVIDUAL PAYOR

☐ Self-Employed ☐ Non-Working Spouse
☐ Voluntary ☐ Farmer/Fisherman
☐ OFW (Foreign Address - City, Country _____)

SS NUMBER (10 DIGITS)

COMMON REFERENCE NUMBER (IF ANY, 12 DIGITS)

NAME

TO BE FILLED OUT BY EMPLOYER AND INDIVIDUAL PAYOR

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY)
RM. 201 EMERALD BLDG. EMERALD AVE. ORTIGAS CENTER BRGY. SAN ANTONIO

(CITY/MUNICIPALITY) (PROVINCE)
PASIG CITY

ZIP CODE: 1605

TAX IDENTIFICATION NUMBER (IF ANY): 221-555-584-000

TELEPHONE NUMBER (AREA CODE+TEL. NO.): 304-7600

MOBILE/CELLPHONE NUMBER

E-MAIL ADDRESS

WEBSITE (FOR BUSINESS EMPLOYER)

PAYMENT DETAILS

APPLICABLE PERIOD		SS CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER & INDIVIDUAL PAYOR)	EC CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER ONLY)	TOTAL (TO BE FILLED OUT BY EMPLOYER ONLY)
MONTH	YEAR			
January		₱	₱	₱
February				
March				
April				
May				
June				
July				
August				
September	2017	187,000	1,850	188,850
October				
November				
December				
ADD Penalty (Sept 2017)		₱	₱	₱ 193,018
ADD Underpayment				
SUB-TOTAL		₱	₱	₱
TOTAL AMOUNT OF PAYMENT				₱ 301,868

FORM OF PAYMENT
☐ Cash
☐ Postal Money Order
☑ Check
Check Number: 126240
Check Date: Dec. 15, 2018
Bank & Branch Name: EMERALD AVE.

AMOUNT PAID IN FIGURES
₱ _____
_____
TOTAL AMOUNT PAID ₱ _____

TOTAL AMOUNT PAID IN WORDS
Three Hundred One Thousand Eight Hundred Sixty Eight Only.

PAID BY
ALICIA B. MAGDARAOG
PRINTED NAME

SIGNATURE

DECLARATION OF EARNINGS OF INDIVIDUAL PAYOR

I hereby declare, for purposes of Sec. 19-A of the Social Security Law the amount of _____ (₱ _____) as my monthly earnings, which shall be the basis of my monthly salary credit to be effective until revised in my next declaration.
I affirm under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief, is true and correct.

PRINTED NAME OF MEMBER

SIGNATURE OF MEMBER